

MARGIN RESERVED FOR BINDING
 N. B.—WRITE INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>264</u>		Registered No. _____	
County <u>Pima</u>		State <u>Arizona</u>		Township _____		or Village _____	
City <u>Tucson</u>		No. <u>1000</u> Hospital _____		St. _____		Ward _____	
Length of residence in city or town where death occurred <u>2</u> yrs <input checked="" type="checkbox"/> mos <input checked="" type="checkbox"/> ds				How long in U. S. if of foreign birth? <input checked="" type="checkbox"/> yrs <input checked="" type="checkbox"/> mos <input checked="" type="checkbox"/> ds			
2. FULL NAME <u>Ernest Richmond Garner</u>							
(a) Residence: No. <u>8600 Ave</u>				St. _____		Ward _____	
(Usual place of abode)				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Julia A. Garner</u>							
6. DATE OF BIRTH (month, day, and year) <u>May 2, 1873</u>							
7. AGE		Years <u>57</u>	Months <u>-</u>	Days <u>-</u>	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____						
	10. Date deceased last worked at this occupation (month and year) _____						
11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) (state or country) <u>Calif.</u>							
FATHER	13. NAME <u>Richmond Garner</u>						
	14. BIRTHPLACE (city or town) (State or country) <u>Va.</u>						
MOTHER	15. MAIDEN NAME <u>Jane (Ross)</u>						
	16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>						
17. INFORMANT <u>Ernest Garner</u> (Address) <u>By 525 Hayden, Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hayden, Ariz.</u> Date <u>May 3, 1932</u>							
19. UNDERTAKER <u>Reilly Undertaking Co.</u> (Address) <u>Tucson, Arizona</u>							
20. Filed <u>May 4, 1932</u> <u>Lewis H. Howard</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>May 1st, 1932</u>							
22. I HEREBY CERTIFY That I attended deceased from <u>Sept 28</u> , 19 <u>31</u> , to <u>May 1</u> , 19 <u>32</u>							
I last saw him alive on <u>May 1</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>8:45 P. M.</u>							
The principal cause of death and related causes of importance were as follows: <u>Severe gunshot wound by fire.</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide , or homicide? _____ Date of injury <u>5/1</u> , 19 <u>32</u>							
Where did injury occur? <u>In home</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>oil stove exploded</u>							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify _____							
(Signed) <u>[Signature]</u> , M. D.							
(Address) <u>Tucson, Arizona</u>							